Patent Application Data Sheet

Application Information

Application Type::

Regular

Subject Matter::

Utility

Suggested

Classification::

Suggested Group Art

Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable

Form (CRF)?::

Number of copies of CRF::

Title::

DISPLAY BOX

Attorney Docket Number::

9304-236/HRH

Request for Early

Publication?::

No No

Request for Non-Publication?::

1

Suggested Drawing Figure::

,

Total Drawing Sheets::

Small Entity?::

No

Latin Name::

Variety denomination

name::

Petition included?:: No

Petition Type:: Licensed US Govt.

Agency::

Contract or Grant

Numbers::

Secrecy Order in

Parent Appl.?:: No

Applicant Information

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: Angela

Middle Name::

Family Name:: Dennis

Name Suffix:: Ms.

City of Residence:: Oshawa

State or Prov. Of

Residence:: Ontario Country of Residence:: Canada

Street of mailing address:: 552 Steerforth Street

City of mailing address:: State or Province of

mailing address:: Ontario

Country of mailing address:: Canada

- 2 -

Oshawa

Postal or Zip Code of

mailing address:: L1K 2C3

Inventor Authority Type:: Inventor

Primary Citizenship

Country:: Canada

Status:: Full Capacity

Given Name:: Peter

Middle Name::

Family Name:: Widdis

Name Suffix:: Mr.

City of Residence:: Toronto

State or Prov. Of

Residence:: Ontario

Country of Residence:: Canada

Street of mailing address:: 748 Broadview Avenue, Apt. B

City of mailing address:: Toronto

State or Province of

mailing address:: Ontario

Country of mailing address:: Canada

Postal or Zip Code of

mailing address:: M4K 2P1

Correspondence Information

Correspondence Customer

Number:: 001059

Phone Number:: 416-957-1691 Fax Number:: (416) 361-1398 E-Mail Address::

rhart@bereskinparr.com

Representative Information

Representative

Customer Number::

001059

Domestic Priority Information

Application::

Continuity Type::

Parent

Parent Filing

Application::

Date::

Foreign Priority Applications

Country::

Application

Filing Date::

Priority Claimed

Number::

Assignee Information

Assignee name::

CADBURY TREBOR ALLAN INC.

Street of mailing address::

Country of mailing address::

277 Gladstone Avenue

City of mailing address::

State or Province of

mailing address::

Ontario

Toronto

Postal or Zip Code of

Canada

Postal of Zip Code of

mailing address::

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